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Brief Report

Group Treatment of Adult Male Inpatients Abused as Children[1]

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Recent research indicates that childhood abuse experiences characterize a large subset of psychiatric inpatients. This paper presents a time-limited pilot group developed for adult male abuse survivors in an inpatient setting using: (1) techniques adapted from the existing literature on treatment of abuse survivors; and (2) approaches deriving from the interface of theory and current manifestations of distress. The eclectic therapeutic approach incorporated psychoeducational, cognitive, behavioral, and art therapy techniques presented below in a session-by-session format.

KEY WORDS: inpatient treatment; group therapy; child abuse.

ABUSE EXPERIENCES AMONG INPATIENTS

The experience of childhood abuse is associated with long-term psychiatric symptomatology, such as posttraumatic stress, depression, and anxiety (e.g., Briere, 1992), and appears to characterize a relatively large subset of psychiatric patients, with prevalence estimates ranging from 36 to 70% (Briere, 1992; Briere and Zaidi, 1989; Bryer *et al.*, 1987; Chu and Dill, 1990; Zaidi and Foy, 1994). At The National Center for Post-traumatic Stress Disorder in Menlo Park, California, an inpatient facility for combat-veterans with PTSD, childhood abuse is suspected to contribute to current dysfunction. While the emotional residues of childhood trauma are addressed throughout the treatment program as part of therapy groups de-

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veloped to focus on combat trauma, anger management, and current interpersonal functioning, clinicians and patients at The Center believed that a separate group developed to focus on the specific needs of survivors of childhood abuse was essential.

This paper presents a time-limited pilot group developed for adult male abuse survivors in an inpatient setting using: (1) techniques adapted from the existing literature on treatment of abuse survivors (e.g., Blick and Porter, 1982; Friedrich *et al.*, 1988; Gutierrez *et al.*, 1990; Powell and Faherty, 1990; Zaidi and Gutierrez-Kovner, 1994); and (2) approaches deriving from the interface of theory (Finkelhor and Browne, 1986) and current manifestations of distress. The eclectic therapeutic approach incorporated psychoeducational, cognitive, behavioral, and art therapy techniques detailed below in a session-by-session format.

A THEORETICAL FRAMEWORK

Based on their work with sexually abused children, Finkelhor and Browne (1986, p. 180) identified four "traumagenic factors" which summarize typical long-term effects of such maltreatment: (1) "stigmatization" — impairment of self-concept stemming from feelings of shame, guilt, and perceptions of being "bad" or "damaged"; (2) "powerlessness" — impairment of self-efficacy, particularly in response to perceived authority figures; (3) "betrayal" — diminished sense of trust resulting from pain and humiliation experienced at the hands of purported care-givers; (4) "traumagenic sexualization" — dysfunctional sexual behavior of sexual abuse survivors. For the purpose the present group, the last factor was expanded to include difficulties with intimacy and sustained relationships often experienced by victims of sexual and nonsexual child abuse alike.

ESTABLISHING THE GROUP: INITIAL CONSIDERATIONS

The pilot Child Abuse Group was developed for relatively high-functioning, chronically ill inpatients, such as those with chronic PTSD. Acute onset of psychiatric illness, suicidality, violent behavior, and psychosis were contraindications for participation in the present group.

Potential participants were identified during intake assessment and as a result of disclosures during other groups conducted at the inpatient treatment program of the National Center for PTSD. Other patients responded to an inpatient community announcement describing formation of a voluntary group developed to focus on the effects of childhood abuse.

Individual pre-group screening interviews included discussion of commitment to the group, outpatient follow-up, group structure, expectations, and confidentiality. Once readiness to participate had been established, patients electing to participate contracted to remain in the group for the entire 10-session sequence.

Expectations and limitations of confidentiality were stressed, not only because of the sensitive nature of the subject matter, but in hope of mitigating combat-veterans' not irrational fear that the tracing of elements of their chronic difficulties to pre-war dysfunction could be used to reduce their benefits. Members of the larger treatment team not functioning as Child Abuse Group therapists were not informed of disclosed details of abuse.

GROUP STRUCTURE

Five male inpatients elected to participate in the pilot group. Ninety-minute group meetings were scheduled twice a week for five weeks. Sessions began and ended by "checking in" with members to address powerful emotions, and perhaps new memories, which often surface between and during group meetings. Due to the brevity of the group, sessions were structured to address specific issues, such as anger management, parenting, and intimacy and sexuality, often related to a history of maltreatment during childhood. Members were also requested to complete written exercises between sessions and encouraged to collect thoughts and drawings in a journal to be shared at their discretion.

Session 1: Understanding Child Abuse

Members were given and asked to modify a preliminary group outline by rank-ordering topics and suggesting alternatives. This "road map" appeared to reduce anxiety and enhance participants' sense of control over the group process.

The first session focused on a psychoeducational presentation of prevalence rates and descriptions of various forms of abuse. It was designed to address the stigmatization associated with a history of abuse, to mitigate self-blame (e.g, Cole, 1985), and to lay the groundwork for reframing survivor behaviors as constructive adaptations to adversity.

Participants were also asked to complete a self-drawing and drawing of a member of the opposite sex. These drawings, which are variants of the House-Tree-Person test (e.g., Buck, 1948; Klepsch and Logie, 1982; Koppitz, 1968) were used to explore self-concepts, including body image,

and affect, as well as perceptions of members of the opposite sex. Artwork supplemented and spurred verbal expression while providing a window on potentially relevant clinical material. Although such drawings can be used for diagnostic purposes and have been used as pre- and post-group assessment measures (e.g., Gutierrez *et al.*, 1990), members of the present group were encouraged to "interpret" their own artwork thereby avoiding the "powerlessness" sometimes engendered by limiting expression regarding a piece of art to therapist interpretations.

Session 2: Sharing the Family Context

Members completed simple genograms which they then shared with the group (e.g., Kerr and Bowen, 1988). Genograms were used to diagram and promote discussion of the quality of primary relationships within the family of origin, cultural backgrounds, family roles, expectations, and cross-generational patterns.

Following the sharing of genograms, basic instruction was given in relaxation techniques using a graduated approach of deep breathing, progressive muscle relaxation, and, finally, guided imagery (e.g., Goldfried and Davison, 1976). These techniques were presented as *potential* coping measures given the paradoxical increase in subjective levels of anxiety such techniques produce in some survivors of childhood abuse (Briere, 1989).

Sessions 3-5: Confronting the Memories

Prior to the third session members were asked to complete a "Time Line" of key childhood experiences which was then used to facilitate disclosure of specific abusive episodes. Sharing abuse histories early in the group process, beginning with the third session, further minimized stigmatization, eliminated secrecy surrounding abusive incidents, and reduced the anticipatory anxiety of disclosure. Members took turns detailing their abusive childhood histories over the span of three group meetings. This segment of the group was less structured to allow ample discussion of abusive incidents, cathartic affective expression, cognitive reworking of the events, and examination of adaptive and maladaptive survivor behavioral patterns.

Session 6: Reaching the Abused Child

Following disclosure of their abuse histories, members were asked to write a letter to an abused child. This exercise, completed between sessions,

was used to access empathic feelings for "the child within" and to heighten awareness that the child victim is not culpable (Davis, 1990). Discussion was structured around members reading their letters aloud.

Session 7: Expressing the Anger

A similar exercise, completed before the seventh session, involved writing a letter to an abuser. These letters, written to explore often avoided feelings of anger (Davis, 1990), were also shared with the group. Subsequent discussion helped members express intense anger in a directed and nonviolent manner.

Similar exercises assigned intermittently throughout the remainder of the group focused on: (1) learning to attend to the "inner voice" that directs responses to various situations; (2) developing awareness of messages internalized from childhood and how such messages affect self-concept as well as perceptions of how one is viewed by others; (3) attending to thoughts and attitudes about sex. Group members were also provided with written information regarding typical cognitive distortions (e.g., Burns, 1980) and were encouraged to attend to such distortions in their own and other members' perceptions of events.

Session 8: Exploring Obstacles to Intimacy

Employing the art therapy technique of collage (e.g., Gutierrez *et al.*, 1990) as a vehicle for discussion of male–female relationships, participants were presented with large pieces of paper, scissors, glue, and a wide variety of magazines. They were instructed to divide the page in half, write "MEN" on one side and "WOMEN" on the other and affix photographs and/or words reflecting their conception of "what it means to be a man" and "what it means to be a woman" under each heading. The collages were completed during the first part of the session and then shared with other participants. During the process of sharing, members were asked to describe underlying themes of their collage as well as to indicate the basis for selection of each individual component. Discussion was then guided to questions of intimacy, sexuality, and relationships. Sharing the collages helped members explore perceptions that may interfere with their ability to form lasting, intimate relationships with women. Interestingly, members of the pilot Child Abuse Group, with one exception, depicted females as happy, attractive, and carefree, whereas males were represented as solemn, angry, and burdened by the troubles of the world.

Session 9: Learning About Effective Discipline

Given evidence suggestive of multigenerational transmission of parenting styles (e.g., Zaidi *et al.*, 1989), the ninth session included a psychoeducational presentation of appropriate disciplinary tactics. Group members were given handouts describing a rationale for "discipline" versus "punishment" and were instructed in basic behavioral parenting principles as well as specific techniques, such as "time out." This information, presented in detail in a written "how-to" format, provided the basis for group discussion and problem-solving. In addition, group members participated in role-play exercises designed to improve communication with their children by decreasing the ambiguity of commands, and clarifying the connection between failure to comply and specific consequences.

Session 10: Looking Ahead

Although termination was discussed over the course of several group meetings, the final session focused on exploration of feelings related to the ending of the group. Members recapitulated what they had learned, identified issues requiring further exploration, and discussed plans for follow-up treatment. Upon discharge from the inpatient program, Child Abuse group members were given referrals to therapists experienced in work with adult survivors of abuse so that treatment could continue on an outpatient basis.

The session ended with the "symbolic nurturance" conveyed by the sharing of refreshments (Blick and Porter, 1982) and a celebration of the courage inherent in members' willingness to confront painful childhood memories.

CONCLUSIONS

Given the absence of outcome data and the small number of participants in this pilot group, any statements regarding treatment efficacy must be regarded as preliminary. However, group participants were very positive about the Child Abuse Group and staff members reported that the group had fulfilled an important clinical need. Positive response from patients was expressed in terms of specific group components, subjective impressions of benefits of participation, and via global statements regarding the significance of this group in their overall treatment program.

The approach outlined in this paper represents a significant effort to systematically address sequelae of childhood abuse within the context of

an inpatient community using techniques developed by child abuse researchers and clinicians. The treatment protocol — a structured progression of psychoeducational, cognitive, and art therapy techniques — was developed within the theoretical context presented by Finkelhor and Browne (1986).

Specifically, fostering a nurturing, predictable, and safe therapeutic environment, where each member was treated with dignity and respect, offset expectations of "betrayal" (Finkelhor and Browne, 1986). Consistent with this approach, the confidentiality of detailed disclosures was maintained. Patients reported that participation in a group comprised of other individuals with similar histories reduced feelings of "stigmatization" (Finkelhor and Browne, 1986). Early sharing of abuse experiences minimized feelings of shame, prevented protracted speculation regarding the experiences of other members, and reduced the anticipatory anxiety of disclosure. Feelings of "powerlessness" (Finkelhor and Browne, 1986) stemming from childhood victimization by adults were minimized by: (1) empowering group members to make decisions about topics to be discussed; (2) enabling individuals to determine how much they were ready to share at a given time; (3) encouraging the creator to interpret his own artwork by "guiding" exploration of the work rather than providing an interpretation for him. Group members also learned parenting techniques which could enhance their effectiveness in stressful encounters with their children. "Traumagenic sexualization" (Finkelhor and Browne, 1986) and problems with intimacy and sustained relationships were addressed through cognitive exercises, artwork, and group discussion.

Developmental considerations dictate the use of expressive techniques — such as the art and role playing exercises described above — in the therapeutic exploration of childhood abuse (Naitove, 1982; Naitove, 1988; Jacobson, 1991). Several group members voiced initial reluctance to engage in "childlike" activities, but later acknowledged that the expressive art exercises were highly effective for self-exploration and group communication.

Recent research indicates that childhood abuse experiences characterize a large subset of adult inpatients. Therefore, it is essential to maximize the efficacy of treatment by addressing the traumagenic effects of child abuse experiences.

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